

AREA COMMISSION APPOINTMENT FORM

The Department of Neighborhoods maintains the database for the Area Commission members in the City of Columbus. The information on this form is used to process the Mayor's appointment and ensure timely and accurate distribution of meeting notices, training opportunities, and other City activities. Please complete all sections of the form with information about your recently elected/appointed commissioner within seven (7) days of the election/appointment. After completing and signing this form, please return it, along with the appointees resume and/or biography to your Neighborhood Liaison via email. Please contact your Neighborhood Liaison with any questions or comments.

Please Type		
Area Commission Name Insert AC Name Area Commission		
Please check appropriate box	New appointment ☐ Reappointment ⊠	Are there changes to this information? Yes No
First Name	Joachim	
Last Name	Bean	
Title (i.e. officer / commissioner)	Commissioner	
Address	1516 King Ave Apt 10	
City	Columbus	
State	Ohio	
Zip Code	43212	
Home Telephone	614-787-0731	
Work Telephone		
Email Address	joachimtbean@gmail.com	
District/Designation	At Large	
Term Start Date	01/01/2021	
Term Expiration	12/31/2023	
Seat Succession	Reappointed	

Area Commission Chair Signature _______ **Bill Colgan** ______

ALL SECTIONS OF THIS FORM MUST BE COMPLETED